

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101561785

FILING DATE

APPLICANT(S)

9-13-09

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		0			
2		1		1		
3	1			1		
4	1		1			
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9	1			1		
10	1			1		
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32		1		1		
33	1			1		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38		2		2		
39	1			1		
40	1			1		
41	1			1		
42	1			1		
43	1			1		
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	17	↓	3	↓		↓
TOTAL DEP.	27	←	11	←		←
TOTAL CLAIMS	44		14			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						